



EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

10J – COMPARTMENT SYNDROME ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Vital signs
2. 5 Ps exam
3. Hospital notification of concern regarding limb circulation compromise
4. Analgesia (if required)

EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER
CONTROL BLEEDING WITH DIRECT PRESSURE
DO NOT ATTEMPT TO SPLINT INJURIES

EMERGENCY MEDICAL
DISPATCHER

EMERGENCY MEDICAL
RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR

EMT

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE
OBTAIN VITAL SIGNS

HISTORY OF TRAUMA IN EXTREMITY IN PAST DAYS OR ACUTELY THAT COULD CAUSE PRESSURE TO BUILD IN DEEP SPACES OF EXTREMITY?
(MUSCLE OR TISSUE SWELLING? DEEP SPACE BLEEDING?)

EVALUATE EXTREMITY FOR "5 Ps" OF COMPARTMENT SYNDROME:

PAIN OUT OF PROPORTION TO ASSESSED INJURY (APPEARS MINOR INJURY, PATIENT IN EXCRUCIATING PAIN)?

PARESTHESIA (NUMBNESS DUE TO NERVE COMPRESSION)?

PRESSURE (SKIN/MUSCLE FEELS TENSE DUE TO INCREASING FORCE WITHIN COMPARTMENT)?

PARALYSIS (LATE SIGN DUE TO NERVE COMPRESSION - DON'T WAIT ON PARALYSIS TO REPORT CONCERN)

PULSELESSNESS IN DISTAL EXTREMITY (LATE SIGN OF COMPARTMENT SYNDROME - DON'T WAIT ON ABSENT PULSE TO REPORT CONCERN)

IN SUSPECTED COMPARTMENT SYNDROME, POSITION EXTREMITY TO PROMOTE CIRCULATION TO DISTAL EXTREMITY

EMT-I85

AEMT

IV ACCESS

PARAMEDIC

ANALGESIA (IF REQUIRED)

FOR OPIATE USE, ADULT MUST HAVE SYS BP \geq 100 mmHg; PEDIATRIC MUST HAVE SYS BP \geq (70 + 2x age in years) mmHg

ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.

OR

ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.

OR

ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

PEDIATRIC: OLMCP ORDER ONLY

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)